

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0578230 AT

DOCUMENT # F98000002484

1. Entity Name
IGEN INTERNATIONAL INC.

02-19-2002 90066 042 ***150.00

Principal Place of Business
16020 INDUSTRIAL DRIVE
GAITHERSBURG MD 20877

Mailing Address
16020 INDUSTRIAL DRIVE
GAITHERSBURG MD 20877



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
94-2852543

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDROS, GERALD P
2120 FORGATE DRIVE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WOHLSTADTER, SAMUEL J	
STREET ADDRESS	16020 INDUSTRIAL DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20877	
TITLE	PVC	<input type="checkbox"/> Delete
NAME	MASSEY, RICHARD J	
STREET ADDRESS	16020 INDUSTRIAL DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20877	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASS, RICHARD W	
STREET ADDRESS	16020 INDUSTRIAL DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20877	
TITLE	D	<input type="checkbox"/> Delete
NAME	REES, ANTHONY	
STREET ADDRESS	16020 INDUSTRIAL DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20877	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALSMANS, ROBERT R	
STREET ADDRESS	16020 INDUSTRIAL DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20877	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIGAUSKY, GEORGE	
STREET ADDRESS	16020 INDUSTRIAL DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20877	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Migausky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

Date

Daytime Phone #

CR2E034 (9/01)